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Docket No.: 00-40292-CIP

**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION****SYSTEM AND METHOD FOR DELIVERING INFORMATION AT INACCESSIBLE LOCATIONS**

the specification of which was filed on 6 February 2001.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed:

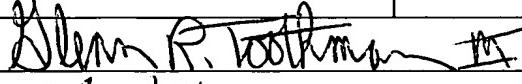
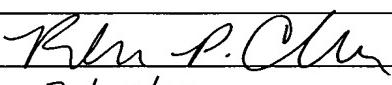
**PRIOR FOREIGN/PCT APPLICATION(S)**

COUNTRY/OFFICE	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED
None			YES NO
			YES NO

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States Provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	DATE OF FILING
None	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

<b>FULL NAME OF SOLE OR FIRST INVENTOR</b>		
<u>Glenn</u> <i>(Given Name)</i>	<u>R.</u> <i>(Middle Initial or Name)</i>	<u>Toothman, III</u> <i>(Family or Last Name)</i>
<b>Inventor's signature:</b>		
<b>Date:</b>	2/19/01	
<b>Country of Citizenship:</b>	United States of America	
<b>Residence:</b>	Waynesburg	Pennsylvania
	<i>(City)</i>	<i>(State or Foreign Country)</i>
<b>Post Office Address:</b>	595 Ross Street, Waynesburg, PA 15370	
<b>FULL NAME OF SECOND INVENTOR</b>		
<u>Ravinder</u> <i>(Given Name)</i>	<u>P.</u> <i>(Middle Initial or Name)</i>	<u>Chandhok</u> <i>(Family or Last Name)</i>
<b>Inventor's signature:</b>		
<b>Date:</b>	2/19/01	
<b>Country of Citizenship:</b>	United States	
<b>Residence:</b>	Waynesburg	Pennsylvania
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<b>Post Office Address:</b>	RD #1, Box 228, Waynesburg, PA 15370	

<b>FULL NAME OF SECOND INVENTOR</b>		
<u>Kimberly</u> <i>(Given Name)</i>	<u>H.</u> <i>(Middle Initial or Name)</i>	<u>Chandhok</u> <i>(Family or Last Name)</i>
<b>Inventor's signature:</b>	<i>Kimberly H. Chandhok</i>	
<b>Date:</b>	2/19/01	
<b>Country of Citizenship:</b>	United States	
<b>Residence:</b>	Waynesburg	Pennsylvania
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